

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. 09/869259	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1						51		
2		1					52		
3	1						53		
4	1						54		
5	1						55		
6	1						56		
7							57		
8							58		
9							59		
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40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	5						TOTAL IND.		
TOTAL DEP.	1						TOTAL DEP.		
TOTAL CLAIMS	6						TOTAL CLAIMS		